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Draft country programme document**

Afghanistan

Summary

The draft country programme document (CPD) for Afghanistan is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $210,000,000 from regular resources, subject to the availability of funds, and $455,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

* E/ICEF/2014/5.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2014 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2014.

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Basic data[†] *(2012 unless otherwise stated)*	
Child population (millions, under 18 years, male/female)	8.3/7.8
U5MR (per 1,000 live births)	99
Underweight (%, under 5 years of age, moderate & severe, 2004)	33
(%, male/female, urban/rural, poorest/richest)	33/33, ../.., ../..
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	460[a]
Use of improved drinking water sources (%, 2011)	61
Use of improved sanitation facilities (%, 2011)	28
One-year-olds immunized with DPT3 (%)	71[b]
One-year-olds immunized against measles (%)	68[b]
Primary school enrolment/attendance (% net, male/female, 2010-2011)	63/46
Survival rate to last primary grade (%, male/female, 2010-2011)	85/84
Adult HIV prevalence rate (%, 15-49 years, male/female)	<0.1/<0.1
HIV prevalence among pregnant women (%)	..
Child labour (%, 5-14 years, male/female, 2010-2011)	11/10
Birth registration (%, under 5 years of age, 2010-2011)	37
(%, male/female, urban/rural, poorest/richest)	38/37, 60/33, 31/58
GNI per capita (US$, 2011)	570

[†] More comprehensive country data on children and women *as well as detailed methodological notes on estimates* can be found at www.childinfo.org/.

[a] The figure reported in the above table is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at the country level is 327 deaths per 100,000 live births (2010), as presented in in the Demographic and Health Survey, 2010.

[b] The immunization figures reported in the above table are inter-agency estimates prepared by WHO/UNICEF. The data disaggregated by sex are as follows: DPT3 male (42%) and female (39%); measles male (56%) and female (55%) from the Multiple Indicator Cluster Survey, 2010-2011.

Summary of the situation of children and women

1. Over the past decade, Afghanistan has made good progress towards achieving the Millennium Development Goals, especially Goals 2, 4, 5 and 7. Between 2007 and 2013, its Human Development Index ranking improved from the bottom fifth to the bottom thirteenth position. Between 2001 and 2012, life expectancy improved from 45.3 to 49.1 years; mean years of schooling increased from 2.1 to 3.1; and purchasing power parity increased from $435 to $1,000.[1] Between 1990 and 2012 the maternal mortality ratio decreased from 1,300 to 460 per 100,000 live births; while under-five mortality rate was reduced from 192 to 99 per 1,000 live births. Neonatal deaths account for approximately half of infant deaths.

2. Progress in the social sectors, however, has been slow and has not benefited everyone equally. Child and maternal deaths, and stunting among children remain

[1] UNDP, *Human Development Report 2013*.

among the highest in the world, with very wide geographic and gender inequities. Poor health indicators are associated with low access to health care for mothers and children: over 50 per cent of deliveries take place outside health facilities, and 47 per cent of pregnant women do not access ante-natal care services. Seventy per cent of children aged 12 to 23 months are not fully immunized, disparities exist between boys and girls, urban and rural areas and by region.[2] Afghanistan remains an endemic polio country despite recent progress. Water-borne diseases such as diarrhoea and acute respiratory infections are the biggest killers of children under five. Child malnutrition, is a significant contributor to child mortality. Nearly 54 per cent children are moderately or severely stunted.[3] About 40 per cent of the population (15 per cent urban, 47 per cent rural) is not using improved water sources. Only 28 per cent of the population uses an improved sanitation facility, while 21 per cent of the rural population practices open defecation, down from 32 per cent in 2000.

3. Despite an increase in girls' education, significant disparities remain, with girls lagging behind boys. For every 100 urban boys only 78 urban girls attend school; in rural areas it is 50 girls to 100 boys. General access to education in rural areas remains a challenge as does the quality of learning outcomes and late enrolment. Around 75 per cent of the 3.5 million out-of-school children are girls. Working children, children living with disabilities and children affected by conflict are often denied their right to education. Child labour is high, with one in four Afghan children involved in exploitive labour.[4]

4. Harmful social norms are widespread. Fifteen per cent of girls marry before age of 15, and 1 in 10 women give birth before age 18.[5] There are serious concerns of violence and exploitation of children, including sexual abuse of girls and young boys and exchange of girls for dispute settlement between families known as "baad." Domestic violence, corporal punishment and harassment are prevalent. Patriarchal societal norms weaken women's and children's participation in family and community decision-making, especially among adolescent girls. This reduces the ability of women and children to demand fulfilment of their rights to education, health, and protection, and affects the role of duty-bearers in fulfilling these rights.

5. Ongoing armed conflict continues to negatively impact on fundamental rights of children. As of January 2014, more than 600,000 people were internally displaced as a result of conflict, an increase of about 90,000 from the previous year. Attacks on schools and health facilities, some 1,239 since 2010, have hindered access to education and health services. Between January 2009 and August 2013, around 8,500 grave child rights violations were reported, including 6,058 conflict-related child deaths and injuries. Some 440 cases of recruitment by parties to the conflict, detention of 500 children in Juvenile Rehabilitation Centres and 136 major conflict-related incidents of abduction occurred. Children are reportedly used in suicide attacks and in manufacturing and planting of improvised explosive devices, and as spies. Poor security situation, with attacks against aid workers, convoys and facilities, seriously hampers humanitarian and development efforts.

[2] Multiple Indicator Cluster Survey (MICS) 2010-2011.
[3] National Nutrition Survey 2004.
[4] MICS 2010-2011.
[5] MICS 2010-2011.

6. Poverty and vulnerability to poverty are persistent and widespread. Between 2007-2008 and 2011-2012 the poverty rate remained unchanged (36 per cent). Recurrent natural disasters have caused loss of life and, in 2013, disrupted the lives and livelihoods of approximately 235,000 people. Families remain extremely vulnerable to flooding and drought that devastate agriculture, pushing them further into poverty. The poorest families experience the highest levels of deprivations. A lack of adequate social protection systems exposes families to risks, limiting their ability to cope with recurrent shocks.

7. Structural challenges, including weak governance, centralized decision-making, poor national-subnational coordination, insufficient resource allocation and underspending of allocated budgets are major underlying challenges that slow overall progress in access, coverage, and quality of basic services.

8. Thanks to the efforts of the Government and its partners, basic social services are now reaching more people than a decade ago. However, emphasis has been more on quantity over quality and on easy-to-reach areas. Finding qualified personnel is difficult due to conflict, migration and limited education opportunities. Gender equality is often limited by facilities and services that are not sufficiently child- and gender-sensitive. This is exacerbated by an inadequate number and distribution of qualified, professional and technical staff, especially female, across sectors. Low literacy among adult women (12 per cent) worsens the availability of female professionals. Slow procurement and distribution of supplies, such as teaching and learning materials, life-saving medicines, and vaccinations, has hindered quality delivery of services. In addition, capacity-building of service providers is fragmented and content is not harmonized among organizations that build capacity.

Key results and lessons learned from previous cooperation, 2010-2014

Key results achieved

9. The 2010-2014 country programme contributed to national goals defined in the Afghanistan National Development Strategy and United Nations Development Assistance Framework (UNDAF). Based on an analysis of child deprivation during the midterm review (MTR), UNICEF shifted its programming and investments to the most deprived provinces and hard-to-reach areas.

10. Remarkable improvements were made in access to basic quality education in partnership with the Ministry of Education and stakeholders from the education sector. Enrolment in basic education rose from 7.3 million in 2010 to 8.6 million in 2012. However, girls' enrolment in primary education rose by just 1 per cent, from 40 to 41 per cent between 2010 and 2012. Gains in enrolment resulted from various strategies, including strengthening the availability of community-based schools (CBS), accelerated learning centres (ALC) and child-friendly learning environments. Over 560,000 out-of-school children (39 per cent girls) were enrolled with UNICEF support through CBS and ALC as well as the construction of new schools. Teacher capacity to employ learner-centric methods was enhanced through pre-service and in-service training.

11. Routine immunization, newborn care, and malnutrition interventions were scaled up through partnership with the Ministry of Public Health addressing critical

supply and quality bottlenecks that cause maternal and child deaths. Significant improvements were seen in the Expanded Programme on Immunization, reproductive health, nutrition and child health policy environment. The capacity of service providers improved in remote areas through community outreach programmes. Notable results were achieved in increasing measles and tetanus toxoid coverage and reducing the spread of polio virus throughout the country through vaccination. Polio cases fell to 14 in 2013 compared to 80 in 2011. Emergency nutrition services treated 134,000 children with severe acute malnutrition (SAM).

12. Emphasis in the water, sanitation and hygiene education (WASH) programme shifted from infrastructure projects to strengthening inter- and intra-ministerial coordination to improve safe water supply, sanitation, hygiene and the promotion of sustainable services. In partnership with the Ministry of Rural Rehabilitation and Development, Ministry of Education and Ministry of Public Health, strategic alliances, such as Sanitation and Water for All and the South Asian Conference on Sanitation, raised WASH to a higher development priority and increase in budget allocation. A national WASH policy, a WASH in Schools strategy, menstrual hygiene management guidelines and WASH communications strategy were introduced. Low-cost water treatment technologies were introduced at community and household levels, and a national water quality monitoring and surveillance system established. Convergence between education and maternal, newborn and child health (MNCH) programmes resulted in improved hygiene awareness and retention.

13. Child protection and youth empowerment programmes focused on follow-up actions to the Concluding Observations of the Committee on the Rights of the Child. UNICEF supported the Government to enhance the enabling environment to protect children, including through development of a National Strategy for Street-Working Children, Youth Policy, and a Strategy for HIV/AIDS. UNICEF is also facilitating drafting of the Child Act. UNICEF strengthened regional Monitoring and Reporting Mechanism (MRM) on Children affected by Armed Conflict by initiating efforts to prevent recruitment of children into armed forces. By end of 2013, the Child Protection Action Network (CPAN) was active in 54 districts and 28 provinces. Since 2010, 11,354 cases of child rights violations were reported and acted upon by CPAN. A nationwide campaign on child protection, involving 900 religious leaders, was implemented. A web-based birth registration system was developed with the Ministry of Interior.

14. UNICEF response to humanitarian situations, including protracted and sudden-onset emergencies, reached over 7 million women and children between 2010 and 2013. Support included nutrition interventions, efforts to prevent grave violations against children, advocacy and sensitization campaigns to reopen schools, emergency health services for children and pregnant women, access to safe drinking water, along with hygiene and sanitation promotion and capacity-building of UNICEF cluster members. The pace and efficiency of emergency response improved due to more effective functioning of humanitarian clusters and inter-agency contingency planning and preparedness measures, as well as the improved capacity and stewardship of the Afghanistan National Disaster Management Authority. Leadership of education emergency response was transferred to Ministry of Education in 2013, with UNICEF technical support.

15. As part of planning, monitoring and evaluation, the capacity of the Central Statistics Office was strengthened in data collection, analysis including child

poverty and dissemination was strengthened, notably through the MICS 2010-2011 and collaboration with central statistics office Philippines. AfghanInfo is now functional. The first equity-focused situation analysis of women and children since 2003 was completed. Internal planning and monitoring systems were strengthened through implementation of Monitoring Results for Equity System (MoRES) and DevInfo-based monitoring systems. Gender equality in the Ministry of Education was reinforced through training on gender-based budgeting and improved reporting. Communication and public advocacy were significantly strengthened following the MTR in 2011. Advocacy tool kits and partnerships were developed, including one with the Afghan Cricket Board and Moby Media Group. Proactive media engagement also saw regular media briefings and capacity-building of journalists and editors in Afghanistan.

Lessons learned

16. Equity-focused, multi-sectoral vulnerability assessments combined with decentralized security analyses allowed UNICEF to develop a regionally appropriate mix of programmes in priority areas and provinces. Programme strategies in each province were adapted to local conditions of stability, fragility and institutional capacity.

17. Using the concept of a "development programme implemented in a fragile environment", the office was able to integrate humanitarian and development priorities. Interventions, both development and humanitarian, were implemented according to emerging needs and local security conditions, with strengthened community resilience at the core.

18. The integration of security analysts into programme teams and the hiring of local negotiators in the polio eradication programme was an important achievement. Localized community acceptance strategies enabled negotiated access with local authorities and Anti-Government Elements in previously difficult-to-reach communities.

19. Community engagement through local influencers and community structures also helped improve access to basic services. The CBS model was instrumental in providing access to education among marginalized girls and boys in remote locations. Partnership with Community Development Committees improved monitoring of community-based WASH and nutrition interventions. School management committees (*shuras*) were instrumental in reducing the number of attacks on schools, and negotiating reopening of schools that were closed amid fear of attacks by Anti-Government Elements.

20. Recommendations from the MTR led to strengthening child protection systems, building capacities of institutions offering justice to children, CPAN and service providers. Greater emphasis was placed on coordinated efforts in responding to children affected by armed conflict. UNICEF also took the lead in implementing a broader agenda on adolescents, initiated through collaboration with actors working in nutrition alongside early and child marriage.

The country programme, 2015-2019

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	35 000	160 000	195 000
Nutrition	20 000	66 000	86 000
Water, sanitation and hygiene	20 000	43 000	63 000
Education	30 000	102 000	132 000
Child protection	25 000	35 000	60 000
Social inclusion	15 000	25 500	40 500
Humanitarian response*	–	–	–
Cross-sectoral	65 000	24 000	89 000
Total	**210 000**	**455 500**	**665 500**

* Emergency budget is not included.

Preparation process

21. The present document supports the Government of Afghanistan in realizing the rights of all children and aligns with the Afghanistan National Development Strategy and the Concluding Observations of the Committee on the Rights of the Child. It was developed in close consultation with all relevant line ministries of the government and other partners, including non-governmental organizations and civil society following a detailed equity-focused situation analysis of children and women under the overall guidance of the Ministry of Foreign Affairs.

22. The overall goal of the 2015-2019 country programme is to address inequity so that all children, adolescents and women have access to services necessary to fulfil their rights to survival, development, protection and participation. Contributing to the overall goal, there are six convergent outcomes related to health care, nutrition, child protection, education, water sanitation and hygiene and social inclusion.

23. The proposed country programme will focus on most-deprived provinces and areas, mostly in South, South East and Western regions, where the programme will accelerate the access of children and women to basic services and bring efforts to scale. At a national level, the country programme will leverage the catalytic role of UNICEF to make sustainable changes in systems, policy, and programme implementation, addressing root causes of rights violations. The programme will support nationwide access to high-priority interventions such as routine immunization, polio eradication, provision of teaching-learning materials, and vitamin A supplementation. In the Northern Region the programme aims to reduce vulnerability through a new focus on social protection and increased prioritization of children's issues in local planning.

Programme components, results and strategies

(a) Health

24. The Health programme is guided by the new national Health and Nutrition Policy 2012-2020, addressing barriers to supply, demand and quality. It will contribute to improving MNCH care management and immunization. Its interventions will contribute to decreasing the high neonatal mortality rate through support to the National Action Plan for Newborn Health. Emphasizing convergence with nutrition and WASH and a focus on adolescents, the programme will expand quality service coverage and utilization in target areas and strengthen the technical capacity of the Ministry of Public Health to control the health care system. The programme will also increase the number of skilled service providers in health care and the Expanded Programme on Immunization, particularly female outreach workers, to provide quality MNCH services. Health facilities and outreach services will be strengthened through the provision of equipment, supplies and improved infrastructure, including cold chains. National and subnational procurement and supply chain management systems will be strengthened. Individual, family and community awareness to demand essential MNCH services will be increased with a focus on the adoption of appropriate health behaviours among adolescent girls. Social mobilization and communication strategies for polio eradication will be scaled up in all high-risk polio provinces with improved vaccine availability. The capacity of national and provincial implementing partners to collect, analyse and disseminate sex-sensitive data for monitoring the MNCH programme will be strengthened.

(b) Nutrition

25. The Nutrition programme will address the barriers on the supply and demand sides associated with stunting in early childhood. The programme will contribute to improved infant and young child feeding practices, micronutrient nutrition, and nutrition of adolescent girls and women. Support to the care of SAM among children will be scaled up through community-based management of acute malnutrition and facility-based treatment. The nutrition programme aims to improve access to adequate equipment, supplies and infrastructure among service providers, including community networks and community health workers. In priority areas, essential information, counselling, support and services to infants, young children, adolescent girls and mothers will be delivered. Demand from individuals, families and communities for key nutrition services and the adoption of positive nutrition behaviours will be increased. Data collection, analysis and dissemination systems at national and provincial levels on the nutrition situation of children and women will be reinforced.

(c) Water, sanitation and hygiene

26. The water, sanitation and hygiene programme, building on results and lessons from the past, will seek to address supply- and demand-side barriers affecting access to safe water, sanitation and hygiene. The new country programme will focus on enhancing the capacity of governmental and non-governmental actors and community structures to provide sustainable safe drinking water as well as promote behaviour change for improved hygiene, water safety and sanitation practices among communities. Evidence-based planning, monitoring and decision-making

will be strengthened through national capacity development on data and information management.

(d) Child protection

27. The child protection programme will promote a coordinated, multi-sectoral child protection system and support further improvements in the legal and policy environment, including through formulation of an overarching Child Act. The programme will enhance the capacity of governmental and non-governmental organizations and civil society service providers to prevent and respond to violence, abuse and exploitation of children through support and reinforcement of the CPAN network. The capacity of families, communities and religious leaders to protect children will be promoted. Grave violations of the rights of children affected by armed conflict will be monitored, reported and addressed through the MRM structures.

(e) Education

28. The education programme will contribute to improving learning outcomes, especially for girls, through increased access to and utilization of quality education. This will be achieved through scaled-up access to primary education for girls and boys in deprived areas and improved capacity of the Ministry of Education to manage community-based education, ensuring higher transition rates to grade 4 for girls and boys. Strengthened pre-service and in-service teacher training will increase the number of female teachers. Access to safe water, separate toilets and hygiene facilities for boys and girls in target schools will be strengthened by increasing the capacity of the Ministry of Education at national/provincial level to promote WASH and menstrual hygiene management. National capacity will be increased to develop a child-friendly school policy and implementation guidelines. The Ministry of Education's capacity to develop and operationalize a national assessment system to monitor learning achievements and set national standards in primary school core subjects will be strengthened and community-based early childhood care and education will be piloted in select communities.

(f) Social inclusion

29. The social inclusion programme is a cross-sectoral outcome to address root causes of deprivations and adjust to emerging trends and issues such as increased vulnerability of children to drug use, migration and urbanization. Social inclusion results will seek to improve the capacity of UNICEF, the Government and civil society to generate data and knowledge on child deprivation and disparities. Using local planning processes, the programme will develop and implement evidence-based inclusive policies through, for example, child-friendly budgets and improved social protection systems at national and subnational levels. The national child rights framework and child rights monitoring and reporting structures will be improved. Mechanisms, platforms, partnerships and tools for advocacy and resource mobilization will be enhanced. The knowledge and motivation of influencers and decision-makers at the national, provincial and local levels to promote children's rights will be bolstered, as will efforts to work with families, communities and religious leaders to eliminate harmful practices. Social, religious and institutional actors will be actively encouraged to promote the participation and engagement of children in decisions impacting their lives.

(g) Humanitarian response

30. **Risk reduction and humanitarian action.** While providing necessary humanitarian response, disaster risk management will be mainstreamed throughout the new country programme. A multi-hazard and preventive approach, informed by disaster risk reduction, climate change adaptation, and peacebuilding will be implemented. The programme also aims to mainstream resilience in UNICEF programme planning and implementation and promote emergency preparedness and timely response. Coordination of the WASH, nutrition clusters and the child protection sub-cluster will be strengthened for effective planning, response and recovery.

(h) Gender

31. Gender is not a programme component as such but rather is mainstreamed into the programme. The country programme will adopt two-pronged approach to strengthen realization of the rights of girls, boys, men and women by focusing on programme results and strengthening institutional effectiveness. The focus will be on concentrate on eliminating child marriage, improving access to health services and education for adolescent girls.

(i) Cross-sectoral

32. These costs will cover management and support for the overall country programme, including planning and coordination, staff and operating expenses related to supply, logistics, administration and finance, fundraising and media outreach.

Strategies

33. Recognizing the complex programming environment, the Afghanistan programme builds on a rights-based approach that combines sustainable development programming with risk-informed planning, emergency preparedness and humanitarian response, including contingency planning. Attention to clearly distinguishing humanitarian action from activities and objectives of political, military and other actors will ensure adherence of programme strategies to humanitarian principles. Emphasis will be placed on supportive human resource policies to ensure adequate staffing, security safety and mobility.

34. To ensure continuation of development activities in a fragile context and build on experiences of the polio programme, the country programme will fully integrate security risk management into planning, implementation and monitoring for partners to better understand and reduce security risks. This will result in motivated partners, improved service delivery and effective coverage.

35. A strategic shift will be made to build national and local government institutional capacity in all programme areas. Using a capacity-gap analysis undertaken at different government levels, the programme will support government-led reforms and improve alignment with results. This will be achieved by providing human, material and financial resources, and transfer of knowledge through training, on-the-job skills transfer, inter-country/South-South cooperation and technical assistance.

36. Innovative approaches will be promoted, including use of mobile technology to improve performance monitoring. Process and product innovations that generate gender-sensitive creative solutions to overcome access barriers to health centres and schools will be piloted and scaled up. Strengthening the evidence base and knowledge management and improving information management systems will be central in all result areas reinforcing the role of UNICEF as a knowledge hub.

37. Policy and communication advocacy will be geared up to maintain neutrality and impartiality in the provision of basic services and to maintain investment in development activities. Advocacy will also raise the profile of children and promote national commitment to protection of child rights through regular situation analysis updates, engagement of UNICEF Goodwill Ambassadors and partnerships with popular Afghan sports bodies, media institutions and local-level influencers.

Relationship to national priorities and the UNDAF

38. The democratization process in Afghanistan is still vulnerable and concerted efforts are required to sustain gains and accelerate efforts to progressively realize the rights of children and women. The country programme is forward-looking, equity-focused and is in line with ANDS, the National Priority Programmes (NPP) as well as the UNDAF. Assuming a peaceful political and security transition in 2014 and beyond, NPP will continue to guide development partners and all social, political and economic development programming in Afghanistan. The UNICEF country programme is closely aligned to NPP and various national sectoral policies.

39. The CPD is fully aligned with the goals and targets of the UNDAF that has been developed, and can be adjusted as necessary once the UNDAF is endorsed by the Government.

Relationship to international priorities

40. The country programme design is guided by the Convention on the Rights of the Child and its first two Optional Protocols, the Convention on the Elimination of All Forms of Discrimination against Women and the UNICEF Core Commitments for Children in Humanitarian Action. A late signatory to the Millennium Declaration and adherent to the Millennium Development Goals, Afghanistan developed its Millennium Development Goals and targets, which run through to 2020. Country programme results will contribute to the Millennium Development Goal targets for Afghanistan and global results of the UNICEF Strategic Plan, 2014-2017. The country programme will also align to the United Nations global development agenda and UNICEF global commitments.

Major partnerships

41. The five-year country programme will guide UNICEF Afghanistan to strengthen partnerships within the United Nations, with international development agencies, including international financial institutions and public-private partnerships such as the GAVI Alliance (Global Alliance for Vaccines and Immunization) and Global Partnership for Education. Partnerships with the private sector, media, professional bodies and universities will be broadened. UNICEF will continue efforts to gain acceptance among local government, communities and community-based social structures.

42. UNICEF will leverage its credibility to play a pivotal role in humanitarian coordination structures, namely in the health, nutrition, education, protection and WASH clusters, and within the Humanitarian Country Team and the United Nations country team. UNICEF will also embark on the joint programming opportunities with other United Nations agencies and seek to enhance United Nations coherence through active participation in inter-agency, thematic and sectoral working groups.

Monitoring, evaluation and programme management

43. The country programme will be managed by UNICEF in consultation with the Ministry of Foreign Affairs as the nodal ministry. Mid-year and annual reviews with sectoral ministries, government bodies, donors, non-governmental organizations and United Nations agencies will be convened by the Ministry of Foreign Affairs to monitor progress. UNICEF will work with other United Nations agencies to implement the Harmonized Approach to Cash Transfers and support national quality assurance mechanisms.

44. UNICEF will also work with the Government to ensure availability, analysis and use of disaggregated data at national and provincial levels to inform programme design, implementation and monitoring. The integrated monitoring and evaluation plan, linked to the UNDAF monitoring and evaluation framework, will monitor results and outcomes. A strong focus of the plan will be on equity and gender to tackle key national and subnational bottlenecks. UNICEF will support both independent and government-led evaluations to improve effectiveness and sustainability of programme results and learning.